Maresi de Monchy is from The Netherlands and is one of Europe’s most respected graphologists. She is also a psychologist, the former president of the Dutch Graphological Society, a member of the Dutch Order of Graphologists, the European Graphological Association and the Dutch Institute for Psychological Help.

Her presentation on phobias and anxiety in handwriting was the result of extensive research of the handwritings of people diagnosed with phobia in The Netherlands and Great Britain. Maresi described the types of phobias and then showed handwritings that illustrated the signs of phobia. These deeply rooted fears cause panic attacks and prevent a person from leading a normal life. The underlying cause of phobias is anxiety caused by a trauma early in life or a chemical imbalance in the brain. The phobias usually show up during puberty.

The main manifestation of a phobia in the handwriting is lack of spontaneity. Letter forms often appear narrow and arcaded, rigid, tense, lacking garlands, and having wide right margins. The writer is afraid to move forward and take chances.

One example was a handwriting of a woman who wanted to become a stewardess. Her perfect, constrained writing showed she could not handle emergencies. She admitted to being phobic about making mistakes. Most interesting of all, there was the writing of a man who was afraid to cross the street. It is probable he was abused as a child. Once medication was prescribed, the phobia indicators in his writing greatly diminished. After the medication, his writing showed fluidity and movement. His fear of crossing the street may have been his desire to remain a child and be protected, as he could not cross the street without help.

Maresi concluded phobias and anxiety can be detected in handwriting and in many cases treated or resolved. Her work on phobias is revealed more extensively in the Supplemental Article section of this Newsletter.

Extracted from the ASPG newsletter of October 2013
**Phobia** is a persistent and irrational anxiety disorder, or fear of a certain object, animal, activity, or situation that poses little to no actual danger. With Phobic Disorders, anxiety is experienced if the person confronts the dreaded object or situation (DSM-IV).

### Causes

Specific phobias are the most common psychiatric disorders, affecting up to 10% of people. Specific phobias are an anxiety disorder in which a person may feel extremely anxious or have a panic attack when exposed to the object of fear. There are a large variety of causes of phobias; usually they are based on traumatic experiences (sometimes in early youth), mental or physical abuse, etc. In severe cases the anxiety may lead to compulsive and/or obsessive behavior.

Common (simple) phobias* include the fear of:

- Blood, injections, and - other medical procedures
- Leaving the house-going on the - street
- Certain animals (for - instance, dogs, spiders - or snakes)
- Flying
- High Places
- Enclosed spaces
- Insects or spiders

### Symptoms

Being exposed to the feared object, or even thinking about being exposed to it, causes an anxiety reaction and, in some circumstances, severe panic attacks. This fear or anxiety is much stronger than the real threat. The following symptoms might occur (DSM-IV):

**Motor Tensions**

1. Trembling, twitching, or feeling shaky
2. Muscle tension, aches, or soreness
3. Restlessness
4. Easy fatigability
5. Shortness of breath or - smothering sensations
6. Palpitations or - accelerated heart rate - (tachycardia)
7. Sweating or cold clammy hands
8. Dry mouth
9. Dizziness or - lightheadedness

10. Nausea, diarrhea, or other - abdominal distress
11. Flushed (hot flashes) or chills
12. Frequent urination
13. Trouble swallowing or “lump in - throat”
14. Feeling keyed up or on edge
15. Difficulty concentrating or ‘mind - going blank’ because of anxiety
16. Exaggerated startle response
17. Trouble falling or staying asleep
18. Irritability

*Only common, simple phobias are mentioned; multiple phobias etc. will not be discussed here
At least six of the listed symptoms are often present when anxious (not including symptoms present only during panic attacks).

**Medication**

The person will avoid situations in which he or she may come into contact with the feared object, animal or situation — for example, avoiding driving through tunnels, if tunnels are the subject of the phobia. This type of avoidance can interfere with one's job and social life. The victim may feel weak or cowardly and lose self-esteem when avoiding the object of the phobia.

**Phobia in Handwriting**

In many cases medication, often in combination with psycho-therapy, can help the patient to cope with phobia successfully, depending the severity of the final diagnosis.

Can we see phobia in handwriting? It is very difficult to be completely sure if the producer of the manuscript suffers indeed of some kind of phobia. One can, however, evaluate the classic signs of anxiety in handwriting, as anxiety is the dominant factor in phobic behavior, and presume that the person is, or could be phobic. But if a phobia is diagnosed in a person, one can — following these classic signs — clearly see the symptoms.

The classic signs of Anxiety in Handwriting are

- Usually slow writing
- Small writing, meaning - small letter forms
- Correct letter forms
- Perfect, very precise writing
- Precise punctuation
- Disconnected writing
- Often, but not always, a - narrow left margin
- Usually a wide right - margin
- Narrow handwriting
- Usually upright, and often left - slanted handwriting
- A high degree of tension - (Pophal IVa, IVb,V)
- Arcade forms (in narrow writing)
- Very light, or very heavy pressure
- High, usually narrow, upper zones
- Covering strokes
- A wide, to an extreme, distance - between the words

It is not necessary that all graphic signs mentioned above are present in the handwriting of a phobic person; however, the majority of the symptoms or signs should be present. Also, to define the person as a phobic writer, six of the physical characteristics should be present.

**Note:** Medication will not only influence the patient’s behavior, but also the handwriting!
Handwriting 1

**Woman:** 31 years old

**Phobia:** Emetophobia (fear of vomiting) and social phobia

This person suffers seriously from her situation, as she explains in the letter. The handwriting shows varying pressure; sometimes light, sometimes (a bit) heavier.

Looking at the manuscript, many graphic signs correspond to a phobic handwriting:

**Graphic signs**

- Slow
- Small
- Correct letter forms
- “Perfect”, very precise writing
- Precise punctuation
- Has a rather wide right margin
- Upright slant
- High degree of tension (Iva)
- Arcade forms
- Light and sometimes heavier pressure

**Conclusion**

This example shows clearly the graphic signs belonging to the handwriting of a phobic person. At first sight, the handwriting is neat, clear and precise, but for a 31 year old woman, it is quite childish, not developed; it is almost a school copy writing.

Medication probably gives her a way of relaxing, visible in the ability to connect letters in a fairly supple way. Still, one gets the impression of a person being guided by an inner force beyond her will, as if imprisoned, with very little freedom to act on her own.

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Scroll down for Handwriting 2 observations . . .
**Handwriting 2**

The handwriting has a regular, fairly heavy pressure. At first sight, the manuscript shows classic graphic signs that are found in phobic patients.

**Graphic signs**

- Slow
- Small
- Correct letter forms
- Perfect, very precise writing
- Precise punctuation
- Disconnected
- Upright slant
- A high degree of tension (Pophal IVb-V)
- Arcade forms
- Fairly heavy pressure
- Covering strokes

**See pages 10 and 11 for samples**

**Conclusion**

This handwriting seems printed, as if coming straight out of a book. It shows that the author has a strong wish to be perfect; every detail in the writing has been considered; it must have taken her much time to write the lines. The visible tension is extremely high, and the energy involved to produce the (copied) text, with such extreme precision, must have been tremendous.

There seems to be no free will involved, only compulsion. The author is imprisoned in her world, full of anxiety. Is it a wish to be perfect, to fulfill the expectations of the society she lives in? It makes one sad to realize that a phobic person seems to lack a “free will”, living constantly — at least in this case — in a self created prison.
Dear Marion,

I am writing to you in response to a brief article in the Phobics' Society newsletter. I hope this information will be of use to you.

I am 31 years old, female and suffering from Emetophobia (and maybe social phobia too!) I have never really enjoyed people being sick - but then again, who has?! However, a real fear of vomit/vomiting has been a significant problem for approximately six years, since when it has been a disabling illness, causing me a lot of grief. Strangely, I can recall many people who were sick during my childhood and adolescence, the place, the reasons why, the colour even in one instance? I, myself, had not been sick (until recently) for a period of almost 20 years.

When the Emetophobia became a real problem - not just a strong dislike, but a TERRIFYING fear - coincided with buying my first house and doing it
up over a six week period; taking in a lodger who was totally incompatible with me; a recent breakdown in a two year relationship and the introduction of numerous paper-tasks involving paper work due to the implementation of the National Curriculum. (I am a teacher!) Following a course of tablets – Anafranil and later Buspar or was it Favorin ... I can’t remember ... and a couple of visits to a Clinical Psychologist (a waste of time!) .... and a few weeks off work, I improved and gradually became able to face life again!

Almost two years ago, I was suddenly ill again... more seriously this time. Again, I was given medication by my G.P. (Favorin) but 5 months later, the Doctor at the Day Hospital gave me Imipramine (150mg/day) which seemed better. Eighteen months later I am still on the same dose, and seeing a Clinical Psychologist fortnightly.

The specific symptoms are too many to write – but in my 10 year career, I’ve only had 1 day off until Emetophobia struck. I needed eight months off last year! The symptoms... shaking

twitching

sweating

tingling hands, feet, nose

churning stomach
Paulien Brinkman (geb 17-1-1958)
Steenweg 12, 63 Ermelo

Klachten: agorafobie (ontstaan begin puberteit)
controledwang (sinds ± 1985)
verlatingsangst (sinds kindertijd)
Sociale angst in een groep (sinds kindertijd)

Verslaafd geweest aan valium Gebruik nu dagelijks Pulmicort en Ventolin (astma-middelen)
en gemiddeld eens in de maand seresta en dalmadorm

Overgenomen uit NCRV-gids:

TE DEUM LAUDAMUS

Te Deum laudamus, U God loven wij, zijn de beginwoorden van een oudchristelijke lofzang. Vroeger is deze toegeschreven aan de kerkvaders Ambrosius en Augustinus, maar tegenwoordig wordt Nicetas Remesina (overleden ca 360) als de auteur beschouwd.

Er is voor een koorprogramma met religieuze (of zo u wilt geestelijke) muziek dan ook nauwelijks een betere titel denkbaar.

In de uitzendingen van de NCRV heeft koormuziek altijd een belangrijke plaats ingenomen en berecht. Dit onderdeel van het totale programma-pakket draagt mede de identiteit van onze omroep duidelijk uit. Nederland is enige duizenden koren rijk.

Wij ontvangen dan ook veel verzoeken voor een radio-optreden, veel meer dan wij met een uitnodiging kunnen honoreren. Er wordt scherp geselecteerd, met name op koorniveau en repertoire. Door de grote verscheidenheid aan koormuziek proberen wij in beide uitzendingen aan ieders wens tegemoet te komen.
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who has?! How

Handwriting 2
Detail

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